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TRANSMITTAL FORM NOV 23 2007 (to be used for all correspondence after initial filing) PATENT & TRADEMARK OFFICE	Application Number	10/551,489
	Filing Date	with an effective filing date of April 1, 2004
	First Named Inventor	Robert BANN and Neil SYKES
	Group Art Unit	1725
	Examiner Name	Geoffrey S. EVANS
Total No. of Pages in this Submission: 10	Attorney Docket Number	ROCKCO P70AUS

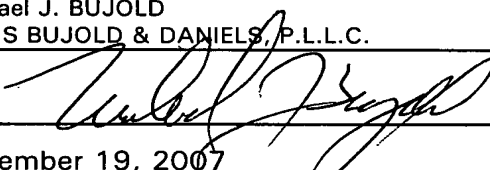
ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form [2]
<input checked="" type="checkbox"/> Fee attached - Check \$525
<input checked="" type="checkbox"/> Response [5]
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request [2]
(in Duplicate)
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Stmt
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Part/s Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)
<input type="checkbox"/> To Convert a Provisional Petition
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):

Postcard |
|--|---|--|

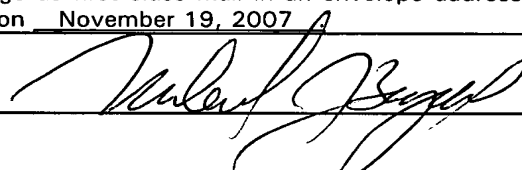
REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

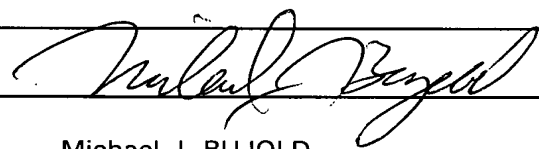
Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 19, 2007	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 19, 2007

Signature		Date: November 19, 2007 (Lfb)
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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 3100)</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2006</h3> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<p>Complete if Known</p> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; vertical-align: top;">Application No. Filing Date First Named Inventor Examiner Name Art Unit</td><td style="width:50%; vertical-align: top;">10/551,489 with an effective filing date of April 1, 2004 Robert BANN and Neil SYKES Geoffrey S. EVANS 1725</td></tr><tr><td>Attorney Docket No.</td><td>ROCKCO P70AUS</td></tr></table>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/551,489 with an effective filing date of April 1, 2004 Robert BANN and Neil SYKES Geoffrey S. EVANS 1725	Attorney Docket No.	ROCKCO P70AUS																																																		
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METHOD OF PAYMENT (check all that apply)																																																									
<p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD & DANIELS, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																									
FEE CALCULATION																																																									
<p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
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<p>2. EXCESS CLAIM FEES</p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 (including Reissues)</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3 (including Reissues)</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr></tbody></table> <table border="0" style="width:100%;"><tr><td><u>Total Claims</u> -20 or HP =</td><td><u>Extra Claims</u></td><td>x</td><td><u>Fee (\$)</u></td><td>=</td><td><u>Fee Paid (\$)</u></td><td><u>Multiple Dependent Claims</u></td><td><u>Fee (\$)</u></td><td><u>Fee Paid (\$)</u></td></tr></table> <table border="0" style="width:100%;"><tr><td><u>Indep. Claims</u> -3 or HP +</td><td><u>Extra Claims</u></td><td>x</td><td><u>Fee (\$)</u></td><td>=</td><td><u>Fee Paid (\$)</u></td><td></td><td></td><td></td></tr></table> <p>HP = highest number of independent claims paid for, if greater than 3.</p>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180	<u>Total Claims</u> -20 or HP =	<u>Extra Claims</u>	x	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Indep. Claims</u> -3 or HP +	<u>Extra Claims</u>	x	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>																											
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<p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <table border="0" style="width:100%;"><tr><td><u>Total Sheets</u> -100 =</td><td><u>Extra Sheets</u></td><td>/ 50 =</td><td><u>No. of each additional 50 or fraction thereof</u></td><td><u>Fee (\$)</u></td><td>=</td><td><u>Fee Paid (\$)</u></td></tr></table>				<u>Total Sheets</u> -100 =	<u>Extra Sheets</u>	/ 50 =	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	=	<u>Fee Paid (\$)</u>																																															
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<p>4. OTHER FEE(S)</p> <p>3 Month Extension of Term (SMALL) \$525</p>																																																									
SUBMITTED BY																																																									
Signature			Telephone (603) 226-7490																																																						
Name (Print/Type)	Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018	Date: November 19, 2007																																																						